

January 31, 2017

Margaret M. Fox

pfox@mcnair.net T 803.799.9800 F 803.753.3278

Ms. Jocelyn Boyd Chief Clerk and Administrator South Carolina Public Service Commission Synergy Business Park, The Saluda Building 101 Executive Center Drive Columbia, South Carolina 29210

Re: Annual Lifeline Customer Recertification: FCC Form 555

Dear Ms. Boyd:

Enclosed for filing on behalf of the South Carolina Telephone Coalition companies and affiliated eligible telecommunications carriers ("ETCs") (see attached list), please find a copy of FCC Form 555. Federal Communications Commission ("FCC") regulations require all ETCs to file FCC Form 555 on an annual basis with the FCC, the Administrator of the Universal Service Administrative Company ("USAC"), and the relevant state commission to report the results of their annual Lifeline Customer Recertifications. *See* 47 C.F.R. § 54.416.

While the FCC rules state that a copy of these results must be provided to the state commission, the Commission is not required or asked to take any action at this time. Therefore, we are providing these forms for information purposes only. We are also providing a copy to the Office of Regulatory Staff, as Administrator of the Lifeline program in South Carolina.

Thank you for your assistance. If you should have any questions, please do not hesitate to contact me.

Very truly yours,

McNAIR LAW FIRM, P.A.

Margaret M. Fox

MMF:khh Enclosures McNAIR LAW FIRM, P.A. 1221 Main Street

Suite 1800 Columbia, SC 29201

Mailing Address
Post Office Box 11390
Columbia, SC 29211

mcnair.net

cc: Christopher Rozycki, Director - Telecommunications, ORS

| 139247v4 | BLUFFTON | CHARLOTTE | COLUMBIA | GREENVILLE | HILTON HEAD | MYRTLE BEACH | PAWLEYS ISLAND

South Carolina Telephone Coalition Member Companies and Affiliated ETCs

Bluffton Telephone Company, Inc.

Chesnee Telephone Company

Chester Telephone Company, d/b/a TruVista

Comporium, Inc. (f/k/a Rock Hill Telephone Company)

Farmers Telephone Cooperative, Inc.

FTC Communications LLC

Ft. Mill Telephone Company, d/b/a Comporium

Hargray Telephone Company, Inc.

Home Telephone ILEC, LLC d/b/a Home Telecom

Horry Telephone Cooperative, Inc.

Lancaster Telephone Company, d/b/a Comporium

Lockhart Telephone Company, d/b/a TruVista

McClellanville Telephone Company (TDS)

Norway Telephone Company (TDS)

Palmetto Rural Telephone Cooperative, Inc.

Palmetto Telephone Communications

Piedmont Rural Telephone Cooperative, Inc.

PBT Telecom, d/b/a Comporium

Ridgeway Telephone Company, d/b/a TruVista

Sandhill Telephone Cooperative, Inc.

St. Stephen Telephone Company (TDS)

West Carolina Rural Telephone Cooperative, Inc.

Williston Telephone Company (TDS)

M C N A I R ATTORNEYS

Margaret M. Fox

pfox@mcnair.net T 803 799 9800 F 803 753 3278

February 1, 2016

Ms. Jocelyn Boyd Chief Clerk and Administrator South Carolina Public Service Commission Synergy Business Park, The Saluda Building 101 Executive Center Drive Columbia, South Carolina 29210

Re: Annual Lifeline Customer Recertification: FCC Form 555

Dear Ms. Boyd:

Enclosed for filing on behalf of the South Carolina Telephone Coalition companies and affiliated eligible telecommunications carriers ("ETCs") (see attached list), please find a copy of FCC Form 555. Federal Communications Commission ("FCC") regulations require all ETCs to file FCC Form 555 on an annual basis with the FCC, the Administrator of the Universal Service Administrative Company ("USAC"), and the relevant state commission to report the results of their annual Lifeline Customer Recertifications. See 47 C.F.R. § 54.416.

While the FCC rules state that a copy of these results must be provided to the state commission, the Commission is not required or asked to take any action at this time. Therefore, we are providing these forms for information purposes only. We are also providing a copy to the Office of Regulatory Staff, as Administrator of the Lifeline program in South Carolina.

Thank you for your assistance. If you should have any questions, please do not hesitate to contact me.

Very truly yours,

McNAIR LAW FIRM, P.A.

Magnifly. Teex

Margaret M. Fox

MMF:dmf Enclosures

cc:

McNAIR LAW FIRM, P.A.. 1221 Main Street Suite 1600 Columbia, SC 29201

Mailing Address
Post Office Box 11390
Columbia, SC 29211

mcnelr.net

Christopher Rozycki, Director - Telecommunications, ORS

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

240512		143001510
Study Area Code (SA (An Eligible Telecommunic		Service Provider Identification Number (SPIN) ertification form for each SAC through which it provides Lifeline service).
2016	SC	Bluffton Telephone Company
Recertification Year	State	ETC Name
Hargray		HARGRAY COMMUNICATIONS GROUP INC
DBA, Marketing, or (If same as ETC name, list	Other Branding Name 'N/A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting com	pany have affiliated ETCs?	Yes No No
determined in accordance wit	h Section 3(2) of the Communications	, using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
See attached workshee	t	
formation, or other simil laws (or partnership agre	ar legal document. An officer ement), and would typically be	of a position listed in the article of incorporation, articles of is a person who occupies a position specified in the corporate by-president, vice president for operations, vice president for finance, ler is a sole proprietorship, the owner must sign the certification.
Section 1: Initial C	ertification All ETCs must complete	this section
I certify that the company	listed above has certification pr	ocedures in place to:
that, to the best of n	ny knowledge, the company w	entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household r her enrollment in Lifeline; and/or
	ligibility by relying upon accer prior to enrolling a consumer in	ss to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the coabove.	ompany named above. I am aut	horized to make this certification for the Study Area Code listed
Initial DA		

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
33	0	0	7	26

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
26	14	12	0	12

К	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial DA

AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
,	. (List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.

Initial ———

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
26	12	46.16%

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔼 No 👩

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online
Signature of Officer
david.armistead@htc.hargray.com
Email Address of Officer
Cissy Zareva
Person Completing This Certification Form

Printed Name and Title of Officer
01/10/2017
Date
843-686-1256
Contact Phone Number

David Armistead, GC & Sec

SAC	Name
240523	Hargrav Telephone Co, Inc.

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240515		143001511
Study Area Code (SAC)		Service Provider Identification Number (SPIN)
(An Eligible Telecommunica	tions Carrier (ETC) must provid	le a certification form for each SAC through which it provides Lifeline service).
2016	SC	Chesnee Telephone Company
Recertification Year	State	ETC Name
Chesnee Communic	cations	N/A
DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting comp	any have affiliated ETC	Ss? Yes No 🔻
Provide a list of all ETCs that at determined in accordance with S	re affiliated with the reporting l Section 3(2) of the Communicat	ETC, using page 4 and additional sheets if necessary. Affiliation shall be tions Act. That Section defines "affiliate" as "a person that (directly or indirectly) on ownership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial JHL

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Section 2: **Annual Recertification**

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
146	0	2	23	121

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
121	111	10	4	14

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	(List database or name of administrator here)
	Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the
	SAC listed above.
	Initial
	OR
C)	I certify that my company did not claim federal low income support for any Lifeline subscribers for the February
	Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
	Initial

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	O = ((N + M) * 100)
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
121	14	11.6%

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes No

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	100

Signature Block

By signing	below, I	certify that	the compar	y listed a	above is	in cor	npliance v	vith a	ll federal	Lifeline	certif	ication
procedures.	. I am an	officer of	the compa	ny named	above.	I am	authorized	d to r	nake this	certificat	ion	for the
Study Area	Code (S.	AC) listed a	ibove.									

Study Area Code (SAC) listed above. Signed,	
Hannal Lancaster	Hannah Lancaster, President
Signature of Officer hannahl@chesnet.net	Printed Name and Title of Officer 01/12/2017
Email Address of Officer Olivia Hill	Date 301-459-7590
Person Completing This Certification Form	Contact Phone Number

SAC	Name
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Name of the second seco	

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240516		143001512	
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a certificat		Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service).	
2016 SC Recertification Year State TruVista		Chester Telephone Company	
		ETC Name	
		N/A	
DBA, Marketing, or Ot (If same as ETC name, list "N	her Branding Name A'' Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)	
termined in accordance with 3	Section 3(2) of the Communicatio	C, using page 4 and additional sheets if necessary. Affiliation shall be ns Act. That Section defines "affiliate" as "a person that (directly or indirectly) ownership or control with, another person." 47 U.S.C. § 153(2). See also 47	
ffiliated ETC's SAC		Affiliated ETC's Name	
See attached worksheet -			
rmation, or other similar ws (or partnership agreen	legal document. An office nent), and would typically b	nt of a position listed in the article of incorporation, articles of r is a person who occupies a position specified in the corporate by- e president, vice president for operations, vice president for finance, filer is a sole proprietorship, the owner must sign the certification.	
rmation, or other similar ws (or partnership agreen emptroller, treasurer, or a	legal document. An office nent), and would typically b	r is a person who occupies a position specified in the corporate by- e president, vice president for operations, vice president for finance, filer is a sole proprietorship, the owner must sign the certification.	

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial	DHB

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
217	0	28	31	158

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
158	127	31	0	31

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block F

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial DHB

AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	(List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial ————

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial _______

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
158	31	19.63%

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes O

No 👩

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
dbrunt@truvista.biz
Email Address of Officer
Swonda M. Dixon
Person Completing This Certification Form

David Brunt EVP & CFO

Printed Name and Title of Officer
01/13/2017
Date
803-581-9172
Contact Phone Number

SAC	Name
240532	Lockhart Telephone Company
240541	Ridgeway Telephone Company
NAME OF THE PROPERTY OF THE PR	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

## **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

## IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

240542		143001529	
Study Area Code (SAC (An Eligible Telecommunical		Service Provider Identification Number (SPIN)  certification form for each SAC through which it provides Lifeline service).	
2016 SC		Comporium Inc.	
Recertification Year	State	ETC Name	
Comporium		COMPORIUM INC	
DBA, Marketing, or Ot (If same as ETC name, list "N	her Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)	
Does the reporting compa	any have affiliated ETCs?	Yes 👩 No 🖸	
determined in accordance with S	ection 3(2) of the Communications	c, using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) whership or control with, another person." 47 U.S.C. § 153(2). See also 47	
Affiliated ETC's SAC		Affiliated ETC's Name	
See attached worksheet	-		
formation, or other similar laws (or partnership agreem comptroller, treasurer, or a comptroller, or a comptroller, and treasurer, or a comptroller, a comptroller, a comptroller, a comptroller, a comptroller, a comptrol	legal document. An officer in the legal document, and would typically be	of a position listed in the article of incorporation, articles or is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.  this section	
	sted above has certification pr		
A) Review income and prog that, to the best of my	gam-based eligibility docume knowledge, the company wa	entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household ther enrollment in Lifeline; and/or	
B) Confirm consumer eligi Lifeline administrator pri	bility by relying upon acces or to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.	
I am an officer of the compabove.	pany named above. I am auth	norized to make this certification for the Study Area Code listed	
Initial JKC			

### Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year  (February data month)	Number of lines clained on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
616	0	69	31	516

#### Recertification Results:

F	G	H = (F-G)	ĭ	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of incligibility by state administrator, ETC access to eligibility database, or USAC
516	200

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

#### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JKC

### AND/OR

- B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

  LISAC

  (List database or name of administrator here) Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

  Initial JKC
- C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

OR

Initial ____

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
516	200	38.76%

### Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

### Is the ETC subject to the non-usage requirements?

es 🔼 No 🕻

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
kevin.cage@comporium.com
Email Address of Officer
Tara Thomas
Person Completing This Certification Form

J. Kevin Cage EVP-CFO

Printed Name and Title of Officer
01/06/2017
Date
803-326-6501
Contact Phone Number

SAC	Name
240521	Fort Mill Telephone Company
240531	Lancaster Telephone Company
230473	Citizens Telephone Company
240539	PBT Telecom Inc.
A COLUMN TO THE	

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### Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

240520	143006909
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a ce	Service Provider Identification Number (SPIN) rtification form for each SAC through which it provides Lifeline service).
2016 SC	Farmers Telephone Cooperative Inc.
Recertification Year State	ETC Name
FTC	FARMERS TELEPHONE COOPERATIVE INC
DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting company have affiliated ETCs?	Yes No O
Provide a list of all ETCs that are affiliated with the reporting ETC, determined in accordance with Section 3(2) of the Communications 2 owns or controls, is owned or controlled by, or is under common own C.F.R. § 76.1200.	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC	Affiliated ETC's Name
See attached worksheet	
formation, or other similar legal document. An officer is laws (or partnership agreement), and would typically be p	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Certification All ETCs must complete to	this section
I certify that the company listed above has certification pro	ocedures in place to:
A) Review income and program-based eligibility document that, to the best of my knowledge, the company was income and/or program-based eligibility prior to his or	ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household her enrollment in Lifeline; and/or
B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the company named above. I am auth	orized to make this certification for the Study Area Code listed
above.  Initial	onzed to make this certification for the study Area code fisted

### Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
498	0	46	54	398

### **Recertification Results:**

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
398	305	93	1	94

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JLL

#### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
,	. (List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial ———

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
398	94	23.62%

### Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

T	41	TOTAL	auhiaa	4 40	4h a		wa.		amta'	9
LS	tne	LIC	subjec	ιιο	ıne	non-usage	req	uirem	ents	í

Yes No 👩

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
lawrimoj@ftc.org
Email Address of Officer
Sandra Moore
Person Completing This Certification Form

Printed Name and Title of Officer
01/24/2017
Date
843-382-1313
Contact Phone Number

Jeffrey L Lawrimore

SAC	Name
249002	FTC Communications LLC

### **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

	143003921			
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a ce	Service Provider Identification Number (SPIN)  a certification form for each SAC through which it provides Lifeline service).			
2016 [,] SC	FTC Communications LLC			
Recertification Year State	ETC Name			
FTC Wireless	Farmers Telephone Cooperative, Inc.			
DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)			
Does the reporting company have affiliated ETCs?	Yes   No   No			
Provide a list of all ETCs that are affiliated with the reporting ETC, determined in accordance with Section 3(2) of the Communications owns or controls, is owned or controlled by, or is under common ow C.F.R. § 76.1200.	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) mership or control with, another person." 47 U.S.C. § 153(2). See also 47			
Affiliated ETC's SAC	Affiliated ETC's Name			
See attached worksheet				
formation, or other similar legal document. An officer i laws (or partnership agreement), and would typically be	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.			
formation, or other similar legal document. An officer i laws (or partnership agreement), and would typically be	s a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.			
formation, or other similar legal document. An officer i laws (or partnership agreement), and would typically be promptroller, treasurer, or a comparable position. If the fil	s a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.  this section			
formation, or other similar legal document. An officer i laws (or partnership agreement), and would typically be promptroller, treasurer, or a comparable position. If the file Section 1: Initial Certification All ETCs must complete I certify that the company listed above has certification produced. A) Review income and program-based eligibility docume	s a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.  this section occedures in place to:  ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household.			
formation, or other similar legal document. An officer i laws (or partnership agreement), and would typically be promptroller, treasurer, or a comparable position. If the file.  Section 1: Initial Certification All ETCs must complete. I certify that the company listed above has certification prompted. A) Review income and program-based eligibility docume that, to the best of my knowledge, the company was income and/or program-based eligibility prior to his or	s a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.  this section occedures in place to: ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household ther enrollment in Lifeline; and/or s to a state database and/or notice of eligibility from the state			
formation, or other similar legal document. An officer i laws (or partnership agreement), and would typically be promptroller, treasurer, or a comparable position. If the file.  Section 1: Initial Certification All ETCs must complete. I certify that the company listed above has certification prompted. A) Review income and program-based eligibility docume that, to the best of my knowledge, the company was income and/or program-based eligibility prior to his or B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in	s a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.  this section occedures in place to: ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household ther enrollment in Lifeline; and/or s to a state database and/or notice of eligibility from the state			
formation, or other similar legal document. An officer i laws (or partnership agreement), and would typically be promptroller, treasurer, or a comparable position. If the file section 1: Initial Certification All ETCs must complete.  I certify that the company listed above has certification prompted. A) Review income and program-based eligibility docume that, to the best of my knowledge, the company was income and/or program-based eligibility prior to his or B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in I am an officer of the company named above. I am authors.	s a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.  this section occedures in place to: ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household ther enrollment in Lifeline; and/or s to a state database and/or notice of eligibility from the state the Lifeline program.			

### Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
5	0	1	0	4

### **Recertification Results:**

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
4	4	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block F.

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial GDA

### AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by rely				
,	(List database or name of administrator here) Results			
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am			
	authorized to make this certification for the SAC listed above.			
	Initial ———			

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

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1		1		и	ı	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
4	0	0.0%

### Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

### Is the ETC subject to the non-usage requirements?

Yes No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
adamsd@ftc.org
Email Address of Officer
Sandra Moore
Person Completing This Certification Form

Guy Dent Adams, Jr COO Subsidiaries

Printed Name and Title of Officer
01/25/2017
Date
843-382-1313

Contact Phone Number

SAC	Name
	Farmers Telephone Cooperative Inc.

### Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

## IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

240521		143001515
Study Area Code (SAC)		Service Provider Identification Number (SPIN) ertification form for each SAC through which it provides Lifeline service).
2016	SC	Fort Mill Telephone Company
Recertification Year	State	ETC Name
Comporium		COMPORIUM INC
DBA, Marketing, or Otl (If same as ETC name, list "N.	ner Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting compa	any have affiliated ETCs?	Yes No O
determined in accordance with S	ection 3(2) of the Communications	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) mership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC		Affiliated ETC's Name
See attached worksheet	-	
formation, or other similar laws (or partnership agreen	legal document. An officer inent), and would typically be p	of a position listed in the article of incorporation, articles of s a person who occupies a position specified in the corporate by-president, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Cer	tification All ETCs must complete	this section
I certify that the company li	sted above has certification pro	ocedures in place to:
that, to the best of my	knowledge, the company wa	ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household her enrollment in Lifeline; and/or
	ibility by relying upon acces ior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the compabove.	pany named above. I am auth	norized to make this certification for the Study Area Code listed
Initial		

1

### Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
90	0	7	7	76

### **Recertification Results:**

F	G	H = (F-G)	1	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L	
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC	
76	31	

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block

### Certification:

1

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JKC

### AND/OR

	76,742,044
3)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	<u>USAC</u> . (List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial JKC

OR

$\mathbb{C})_{-}$	I certify that my company did not claim federal low income support for any Lifeline subscribers for the February
	Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$	
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response	
76	31	40.79%	

### **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC	subject to	the non-usage	requirements?
------------	------------	---------------	---------------

Yes O No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q		
Month	Subscribers De-Enrolled for Non-Usage		
January	0		
February	0 .		
March	0		
April	0		
May	0		
June	0		
July	0		
August	0		
September	0		
October	0		
November	0		
December	0		
Total Subscribers	0		

### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
kevin.cage@comporium.com
Email Address of Officer
Tara Thomas
Person Completing This Certification Form

J. Kevin Cage EVP-CFO

Printed Name and Title of Officer
01/06/2017
Date
803-326-6501
Contact Phone Number

SAC	Name
240542	Comporium Inc.
240531	Lancaster Telephone Company
230473	Citizens Telephone Company
240539	PBT Telecom Inc.
ANNAUA.	

## **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

240523	143001516		
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a c	Service Provider Identification Number (SPIN) sertification form for each SAC through which it provides Lifeline service).		
2016 SC	Hargray Telephone Co. Inc.		
Recertification Year State	ETC Name		
Hargray	HARGRAY COMMUNICATIONS GROUP INC		
DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)		
oes the reporting company have affiliated ETCs?	Yes 👩 No 🖸		
etermined in accordance with Section 3(2) of the Communications	, using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47		
ffiliated ETC's SAC	Affiliated ETC's Name		
See attached worksheet			
ormation, or other similar legal document. An officer two (or partnership agreement), and would typically be	of a position listed in the article of incorporation, articles of is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.		
ection 1: Initial Certification All ETCs must complete	this section		
certify that the company listed above has certification pr	ocedures in place to:		
) Review income and program-based eligibility docume that, to the best of my knowledge, the company w income and/or program-based eligibility prior to his or	entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household r her enrollment in Lifeline; and/or		
) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in	ss to a state database and/or notice of eligibility from the state a the Lifeline program.		
am an officer of the company named above. I am aut			
pove.	horized to make this certification for the Study Area Code listed		

### Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
33	0	0	4	29

### **Recertification Results:**

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
29	19	10	0	10

К	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block F

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial DA

### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	(List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$	
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response	
29	10	34.49%	

### Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is	the	<b>ETC</b>	sub	iect to	the	non-usage	requirement	s:

Yes No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	. 0
December	0
Total Subscribers	0

### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
david.armistead@htc.hargray.com
Email Address of Officer
Cissy Zareva
Person Completing This Certification Form

Printed Name and Title of Officer
01/10/2017
Date
843-686-1256
Contact Phone Number

David Armistead, GC & Sec

SAC	Name
240512	Bluffton Telephone Company

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

## IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

240527		143001519	
Study Area Code (SAC) (An Eligible Telecommunicat		Service Provider Identification Number (SPIN) ertification form for each SAC through which it provides Lifeline service).	
2016	SC	Home Telephone ILEC LLC	
Recertification Year	State	ETC Name	
Home Telecom		HOME TELEPHONE COMPANY INC	
DBA, Marketing, or Otl (If same as ETC name, list "N	her Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)	
Does the reporting compa	any have affiliated ETCs?	Yes No 👩	
determined in accordance with S	Section 3(2) of the Communications	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) onership or control with, another person." 47 U.S.C. § 153(2). See also 47	
Affiliated ETC's SAC		Affiliated ETC's Name	
formation, or other similar laws (or partnership agreen	legal document. An officer inent), and would typically be p	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.	
Section 1: Initial Cer	tification All ETCs must complete	this section	
I certify that the company li	sted above has certification pro	ocedures in place to:	
that, to the best of my	knowledge, the company wa	ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household her enrollment in Lifeline; and/or	
	ibility by relying upon acces ior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.	
I am an officer of the com above.	pany named above. I am auth	orized to make this certification for the Study Area Code listed	
Initial DVT			

1

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
301	0	39	6	256

### **Recertification Results:**

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
256	96	160	0	160

К	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block F

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial DVT

### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
•	(List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

•		*	
1 m	itia		
111	11114		

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$\mathbf{O} = ((\mathbf{N} \div \mathbf{M}) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
256	160	62.5%

### **Section 4:** ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

### Is the ETC subject to the non-usage requirements?

Yes 🖸 No 👩

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online
Signature of Officer

Denny.Thompson@hometelco.com
Email Address of Officer

Denny Thompson
Person Completing This Certification Form

Director, Administrative Service

Printed Name and Title of Officer
01/17/2017
Date
843-761-9173
Contact Phone Number

### **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

240528		143001520	
Study Area Code (SA (An Eligible Telecommun.	•	Service Provider Identification Number a certification form for each SAC through which it provides	
2016	SC	Horry Telephone Cooperative	lnc.
Recertification Year	State	ETC Name	
N/A		N/A	
DBA, Marketing, or (If same as ETC name, list	Other Branding Name "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not lea	ve blank)
Does the reporting con	npany have affiliated ETC	Cs? Yes 🖸 No 📵	
determined in accordance wi	th Section 3(2) of the Communica	ETC, using page 4 and additional sheets if necessary. A utions Act. That Section defines "affiliate" as "a person t non ownership or control with, another person." 47 U.S.C	hat (directly or indirectly)
Affiliated ETC's SAC		Affiliated ETC's Name	
A Million Committee of the Committee of			
	<del></del>	<u> </u>	
formation, or other similaws (or partnership agre comptroller, treasurer, or	lar legal document. An officement), and would typically	apant of a position listed in the article of incider is a person who occupies a position specific be president, vice president for operations, vice he filer is a sole proprietorship, the owner must supplete this section	ed in the corporate by- e president for finance
I certify that the compan	y listed above has certification	on procedures in place to:	
that, to the best of i	my knowledge, the compan	cumentation prior to enrolling a consumer in the ny was presented with documentation of each nis or her enrollment in Lifeline; and/or	e Lifeline program, and consumer's household
	eligibility by relying upon a prior to enrolling a consum	access to a state database and/or notice of eligner in the Lifeline program.	gibility from the state
I am an officer of the coabove.	ompany named above. I am	authorized to make this certification for the S	tudy Area Code listed
Initial CL			

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year  (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January I of the current 555 calendar year.)	Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
518	0	38	54	426

### **Recertification Results:**

F	G	H = (F-G)	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
426	313	113	16	129

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block F

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial CL

### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:	
		Result
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I a	ım
	authorized to make this certification for the SAC listed above.	

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

In	itia	1		

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the	Number of subscribers	Percentage of subscribers
ETC attempted to recertify directly	de-enrolled or	de-enrolled or scheduled to
or through a state administrator,	scheduled to be de-	be de-enrolled as a result of
ETC access to a state database, or	enrolled as a result of	ineligibility or non-response
by USAC	non-response or	
(This should equal the number	ineligibility	
reported in Block E)		
426	129	30.29%

## Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

### Is the ETC subject to the non-usage requirements?

Yes No lo

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0 - 1 - 1 - 1 - 1 - 1 - 1
May	0
June	0
July	0
August	0 1
September	0
October	0
November	0 1 1 1
December	0
Total Subscribers	0

### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,	
Certified Online	
Signature of Officer	
carlton.lewis@htcinc.net	
Email Address of Officer	
Joni Jordan	
Person Completing This Certificati	on Form

Printed Name and Title of Officer
01/26/2017
Date
843-369-8138
Contact Phone Number

Carlton Lewis/ CFO

# Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

240531		143001521		
Study Area Code (SAC (An Eligible Telecommunica	*	Service Provider Identification Number (SPIN) ertification form for each SAC through which it provides Lifeline service).		
2016	SC	Lancaster Telephone Company ETC Name		
Recertification Year	State			
Comporium		COMPORIUM INC		
DBA, Marketing, or Ot (If same as ETC name, list "N	her Branding Name (A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)		
Does the reporting comp	any have affiliated ETCs?	Yes No O		
determined in accordance with a	Section 3(2) of the Communications	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) mership or control with, another person." 47 U.S.C. § 153(2). See also 47		
Affiliated ETC's SAC		Affiliated ETC's Name		
Affiliated ETC's SAC See attached worksheet -	_	Affiliated ETC's Name		
For purposes of this filin formation, or other similar laws (or partnership agreen	g, an officer is an occupant legal document. An officer inent), and would typically be	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate bypresident, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.		
For purposes of this filin formation, or other similar laws (or partnership agreen comptroller, treasurer, or a	g, an officer is an occupant legal document. An officer inent), and would typically be	of a position listed in the article of incorporation, articles of s a person who occupies a position specified in the corporate by-president, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.		
For purposes of this filin formation, or other similar laws (or partnership agreen comptroller, treasurer, or a Section 1: Initial Cer	g, an officer is an occupant legal document. An officer inent), and would typically be comparable position. If the file	of a position listed in the article of incorporation, articles of s a person who occupies a position specified in the corporate by-president, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.		
See attached worksheet -  For purposes of this filin formation, or other similar laws (or partnership agreen comptroller, treasurer, or a  Section 1: Initial Cer  I certify that the company li  A) Review income and prothat, to the best of my	g, an officer is an occupant legal document. An officer in the part of the part of the filter of the part of the filter of the part of the filter of the part of t	of a position listed in the article of incorporation, articles of s a person who occupies a position specified in the corporate bypresident, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.		
See attached worksheet -  For purposes of this filin formation, or other similar laws (or partnership agreem comptroller, treasurer, or a  Section 1: Initial Cer I certify that the company li A) Review income and pro that, to the best of my income and/or program- B) Confirm consumer elig	g, an officer is an occupant legal document. An officer in the part of the part of the filter in the filte	of a position listed in the article of incorporation, articles of s a person who occupies a position specified in the corporate bypresident, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.  this section occedures in place to: Intation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household her enrollment in Lifeline; and/or  s to a state database and/or notice of eligibility from the state		
For purposes of this filin formation, or other similar laws (or partnership agreem comptroller, treasurer, or a  Section 1: Initial Cer I certify that the company li A) Review income and pro that, to the best of my income and/or program- B) Confirm consumer elig Lifeline administrator program-	g, an officer is an occupant legal document. An officer is ment), and would typically be a comparable position. If the fill tification All ETCs must complete sted above has certification program-based eligibility docume knowledge, the company was based eligibility prior to his or ibility by relying upon accession to enrolling a consumer in	of a position listed in the article of incorporation, articles of s a person who occupies a position specified in the corporate bypresident, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.  this section occedures in place to: Intation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household her enrollment in Lifeline; and/or  s to a state database and/or notice of eligibility from the state		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines clained on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
455	0	35	61	359

### Recertification Results:

F	G	H = (F-G)	l	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
359	134

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JKC

### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	USAC . (List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial JKC

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

ı	n	itia	ıl_	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
359	134	37.33%

### Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

### Is the ETC subject to the non-usage requirements?

Yes No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

	J. Kevin Cage EVP-CFO
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
kevin.cage@comporium.com	01/06/2017
Email Address of Officer	Date
Tara Thomas	803-326-6501
Person Completing This Certification Form	Contact Phone Number

SAC	Name
240542	Comporium Inc.
240521	Fort Mill Telephone Company
230473	Citizens Telephone Company
240539	PBT Telecom Inc.
	A MILE STATE OF THE STATE OF TH
	i i i i i i i i i i i i i i i i i i i

### Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

### IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

Study Ama Cada (SAC)		143001522
Study Area Code (SAC)  An Eligible Telecommunicat		Service Provider Identification Number (SPIN)  de a certification form for euch SAC through which it provides Lifeline service).
2016	SC	Lockhart Telephone Company
Recertification Year	State	ETC Name
TruVista		Chester Telephone Company
DBA, Marketing, or Otl	her Branding Name	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
	ntrolled by, or is under comm	on ownership or control with, another person." 47 U.S.C. § 153(2). See also 47
or controls, is owned or co. R. § 76.1200.		Affiliated ETC's Name
R. § 76.1200.	•	Affiliated ETC's Name

Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial	DHB
---------	-----

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
1	0	0	0	1

### **Recertification Results:**

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
1	1	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block F

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial DHB

### AND/OR

B)	(s) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:		
	(List database or name of administrator here) Results		
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am		
	authorized to make this certification for the SAC listed above.		
	Initial		

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

OR

Initial	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
1	0	0.0%

### Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

### Is the ETC subject to the non-usage requirements?

Yes O

No 🗿

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online
Signature of Officer
dbrunt@truvista.biz
Email Address of Officer
Swonda M. Dixon
Person Completing This Certification Form

David Brunt EVP & CFO

Printed Name and Title of Officer
01/13/2017
Date
803-581-9172
Contact Phone Number

SAC	Name
240516	Chester Telephone Company
A	
A CONTRACTOR OF THE CONTRACTOR	
4-14-14-14-14-14-14-14-14-14-14-14-14-14	

### Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240533		143001523
Study Area Code (SAC (An Eligible Telecommunicat		Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service).
2016	SC	McClellanville Telephone Company Inc.
Recertification Year	State	ETC Name
McClellanville Teleph	one Company, Inc.	TDS Telecommunications Corporation
DBA, Marketing, or Ot (If same as ETC name, list "N	ner Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
ermined in accordance with S ns or controls, is owned or co F.R. § 76.1200.	ection 3(2) of the Communication	TC, using page 4 and additional sheets if necessary. Affiliation shall be ons Act. That Section defines "affiliate" as "a person that (directly or indirectly) a ownership or control with, another person." 47 U.S.C. § 153(2). See also 47
filiated ETC's SAC See attached worksheet -		Affiliated ETC's Name
mation, or other similar vs (or partnership agreen	legal document. An office nent), and would typically l	ant of a position listed in the article of incorporation, articles of er is a person who occupies a position specified in the corporate bybe president, vice president for operations, vice president for finance, e filer is a sole proprietorship, the owner must sign the certification.
ction 1: Initial Cer	tification All ETCs must comp	lete this section
ertify that the company li	sted above has certification	procedures in place to:
		mentation prior to enrolling a consumer in the Lifeline program, and was presented with documentation of each consumer's household

B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial	AKM

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
15	0	0	0	15

### **Recertification Results:**

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

К	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
15	5

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block F

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A)	I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its
,	Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all
	subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F
	through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed
	above.

Initial _____AND/OR

	/titb/Oit	
B)	I certify that the company listed above has procedures in place	e to recertify consumer eligibility by relying on:
	USAC	. (List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L.	I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed abov	e.
	T=:4:01 AKM	

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of incligibility or non-response
15	5	33.33%

### Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

### Is the ETC subject to the non-usage requirements?

Yes 🔘

No 🗿

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
amanda.moore@tdstelecom.com
Email Address of Officer
Nicole Mauritz

Person Completing This Certification Form

Amanda Moore, Assistant Treasurer

Printed Name and Title of Officer
01/30/2017
Date
608-664-2415

Contact Phone Number

SAC	Name	
100005	Cobbosseecontee Telephone Company	
100007	The Island Telephone Company	
100010	Hampden Telephone Company	
100011	Hartland and St. Albans Telephone Company	
100024	Somerset Telephone Company	
100031	Warren Telephone Company	
100034	The West Penobscot Telephone and Telegraph Company	
109002	Yakima MSA Limited Partnership	
120045	Kearsarge Telephone Company	
120047	Merrimack County Telephone Company	
120049	Union Telephone Company	
120050	Wilton Telephone Company	
123321	Contoocook Telephone Company, Hollis Telephone Compa	
129002	Yakima MSA Limited Partnership	
140058	Ludlow Telephone Company	
140061	Northfield Telephone Company	
140062	Perkinsville Telephone Company Inc.	
150089	Deposit Telephone Company Inc.	
150092	Edwards Telephone Company Inc	
150114	Oriskany Falls Telephone Corporation	
150118	Port Byron Telephone Company	
150129	Township Telephone Company Inc.	
150133	Vernon Telephone Company Inc	
170183	Mahanov and Mahantango Telephone Company	
170206	Sugar Valley Telephone Company	
190217	Amelia Telephone Corporation	
190253	Virginia Telephone Company	
193029	New Castle Telephone Company	
209005	Yakima MSA Limited Partnership	
210338	Ouincy Telephone Company (Florida)	
220346	Blue Ridge Telephone Company	
220351	Camden Telephone and Telegraph Company Inc.	
220375	Nelson-Ball Ground Telephone Company	
239006	Yakima MSA Limited Partnership	
240535	Norway Telephone Company Inc.	
240544	St. Stephen Telephone Company	
240551	Williston Telephone Company	
250284	Butler Telephone Company Inc.	
250311	Oakman Telephone Company Inc.	
250314	Peoples Telephone Company Inc.	
260411	Lesile County Telephone Company	
260412	Lewisport Telephone Company	
260417	Salem Telephone Company	
280448	Calhoun City Telephone Company Inc.	
283301	Southeast Mississippi Telephone Company Inc	
287449	Myrtle Telephone Company Inc	
290559	Concord Telephone Exchange Inc.	
290566	Humphrevs County Telephone Company	
290575	Tennessee Telephone Company	
290578	Tellico Telephone Company Inc.	

SAC	Name
299010	Yakima MSA Limited Partnership
300585	Arcadia Telephone Company
300607	Continental Telephone Company
300613	Little Miami Communications Corporation
300645	Oakwood Telephone Company
300662	The Vanlue Telephone Company
310672	Communication Corporation of Michigan
310677	Island Telephone Company
310685	Chatham Telephone Company
310726	Shiawassee Telephone Company
310738	Wolverine Telephone Company
320744	Camden Telephone Company Inc.
320776	Communications Corporation of Indiana
320777	The Home Telephone Company of Pittsboro Inc.
320778	Home Telephone Company Inc. (Waldron)
320778	The Merchants and Farmers Telephone Company
320809	Communications Corporation of Southern Indiana
320809	S and W Telephone Company Inc.
320829	Tipton Telephone Company Inc
320829	Tri-County Telephone Company Inc
320830	West Point Telephone Company  West Point Telephone Company
330844	Badger Telecom LLC
330849	Black Earth Telephone Company LLC
330849	Bonduel Telephone Company
330856	Burlington Brighton and Wheatland Telephone Company
330859	Central State Telephone Company LLC
330839	Dickeyville Telephone LLC
330880	The Farmers Telephone Company LLC
330881	Mid-Plains Telephone LLC
330909	Midway Telephone Company LLC
330909	EastCoast Telecom Inc
	Mosinee Telephone Company LLC
330915 330917	Mt. Vernon Telephone Company LLC
330917	Grantland Telecom Inc.
	RIverside Telecom LLC
330943 330945	The Scandinavia Telephone Company LLC
	Southeast Telephone Company of Wisconsin Inc
330952	Stockbridge and Sherwood Telephone Company
330954	State Long Distance Telephone Company LLC
330955	Tenney Telephone Company LLC
330958	UTELCO LLC
330963	Waunakee Telephone Company
330968	
339007	Yakima MSA Limited Partnership  Yakima MSA Limited Partnership
359016	Arvig Telephone Company
361350	
361362	Bridge Water Telephone Company
361413	Mid State Telephone Company KMP
361433	Mid-State Telephone Company
361507	Winsted Telephone Company
431984	Oklahoma Communication Systems Inc. DBA TDS Teleco

SAC	Name
432010	Mid-America Telephone Inc.
452171	Arizona Telephone Company
452174	Southwestern Telephone Company
462184	Delta County Tele-Comm Inc.
462207	Strasburg Telephone Company
472230	Potlatch Telephone Company Inc
522404	Asotin Telephone Company-Washington
522427	Lewis River Telephone Company Inc.
	McDaniel Telephone Company
522430	Yakima MSA Limited Partnership
529001	
532404	Asotin Telephone Company-Oregon
539002	Yakima MSA Limited Partnership
542321	Happy Valley Telephone Company
542322	Hornitos Telephone Company
542323	Winterhaven Telephone Company

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

240535	143001524
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a ce.	Service Provider Identification Number (SPIN) rtification form for each SAC through which it provides Lifeline service).
2016 SC	Norway Telephone Company Inc.
Recertification Year State	ETC Name
Norway Telephone Company, Inc.	TDS Telecommunications Corporation
DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting company have affiliated ETCs?	Yes No No
Provide a list of all ETCs that are affiliated with the reporting ETC, determined in accordance with Section 3(2) of the Communications to owns or controls, is owned or controlled by, or is under common own C.F.R. § 76.1200.	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC	Affiliated ETC's Name
See attached worksheet	
formation, or other similar legal document. An officer is laws (or partnership agreement), and would typically be p	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by-president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Certification All ETCs must complete t	his section
I certify that the company listed above has certification pro	ocedures in place to:
A) Review income and program-based eligibility documer that, to the best of my knowledge, the company wa income and/or program-based eligibility prior to his or	ntation prior to enrolling a consumer in the Lifeline program, and s presented with documentation of each consumer's household her enrollment in Lifeline; and/or
B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in the	s to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the company named above. I am authoabove.	orized to make this certification for the Study Area Code listed
Initial AKM	

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
13	0	0	0	13

### **Recertification Results:**

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
13	4

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A)	I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its
	Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all
	subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F
	through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed
	above.

Initial _____

### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	<u>USAC</u> . (List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	T. PART AKM

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

In	itia	1	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
13	4	30.77%

### Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

### Is the ETC subject to the non-usage requirements?

Yes No 🖸

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online

Signature of Officer

amanda.moore@tdstelecom.com

Email Address of Officer

Nicole Mauritz

Person Completing This Certification Form

Amanda Moore, Assistant Treasurer

Printed Name and Title of Officer
01/30/2017

Date
608-664-2415

Contact Phone Number

SAC	Name
100005	Cobbosseecontee Telephone Company
100007	The Island Telephone Company
100010	Hampden Telephone Company
100011	Hartland and St. Albans Telephone Company
100024	Somerset Telephone Company
100031	Warren Telephone Company
100034	The West Penobscot Telephone and Telegraph Company
109002	Yakima MSA Limited Partnership
120045	Kearsarge Telephone Company
120047	Merrimack County Telephone Company
120049	Union Telephone Company
120050	Wilton Telephone Company
123321	Contoocook Telephone Company, Hollis Telephone Compa
129002	Yakima MSA Limited Partnership
140058	Ludlow Telephone Company
140061	Northfield Telephone Company
140062	Perkinsville Telephone Company Inc.
150089	Deposit Telephone Company Inc.
150092	Edwards Telephone Company Inc
150114	Oriskany Falls Telephone Corporation
150118	Port Byron Telephone Company
150129	Township Telephone Company Inc.
150133	Vernon Telephone Company Inc
170183	Mahanov and Mahantango Telephone Company
170206	Sugar Valley Telephone Company
190217	Amelia Telephone Corporation
190253	Virginia Telephone Company
193029	New Castle Telephone Company
209005	Yakima MSA Limited Partnership
210338	Ouincy Telephone Company (Florida)
220346	Blue Ridge Telephone Company
220351	Camden Telephone and Telegraph Company Inc.
220375	Nelson-Ball Ground Telephone Company
239006	Yakima MSA Limited Partnership
240533	McClellanville Telephone Company Inc.
240544	St. Stephen Telephone Company
240551	Williston Telephone Company
250284	Butler Telephone Company Inc.
250311	Oakman Telephone Company Inc.
250314	Peoples Telephone Company Inc.
260411	Lesile County Telephone Company
260412	Lewisport Telephone Company
260417	Salem Telephone Company
280448	Calhoun City Telephone Company Inc.
283301	Southeast Mississippi Telephone Company Inc
287449	Myrtle Telephone Company Inc
290559	Concord Telephone Exchange Inc.
290566	Humphrevs County Telephone Company
290575	Tennessee Telephone Company
1 tu / U J I J	Territosee Telephone Combany

SAC	Name
299010	Yakima MSA Limited Partnership
300585	Arcadia Telephone Company
300607	Continental Telephone Company
300613	Little Miami Communications Corporation
300645	Oakwood Telephone Company
300662	The Vanlue Telephone Company
310672	Communication Corporation of Michigan
310677	Island Telephone Company
310685	Chatham Telephone Company
310726	Shiawassee Telephone Company
310738	Wolverine Telephone Company
320744	Camden Telephone Company Inc.
320776	Communications Corporation of Indiana
320777	The Home Telephone Company of Pittsboro Inc.
320778	Home Telephone Company Inc. (Waldron)
320788	The Merchants and Farmers Telephone Company
320809	Communications Corporation of Southern Indiana
320816	S and W Telephone Company Inc.
320829	Tipton Telephone Company Inc
320830	Tri-County Telephone Company Inc
320837	West Point Telephone Company
330844	Badger Telecom LLC
330849	Black Earth Telephone Company LLC
330851	Bonduel Telephone Company
330856	Burlington Brighton and Wheatland Telephone Company
330859	Central State Telephone Company LLC
330875	Dickevville Telephone LLC
330880	The Farmers Telephone Company LLC
330881	Mid-Plains Telephone LLC
330909	Midway Telephone Company LLC
330914	EastCoast Telecom Inc
330915	Mosinee Telephone Company LLC
330917	Mt. Vernon Telephone Company LLC
330930	Grantland Telecom Inc.
330943	RIverside Telecom LLC
330945	The Scandinavia Telephone Company LLC
330952	Southeast Telephone Company of Wisconsin Inc
330954	Stockbridge and Sherwood Telephone Company
330955	State Long Distance Telephone Company LLC
330958	Tenney Telephone Company LLC
330963	UTELCO LLC
330968	Waunakee Telephone Company
339007	Yakima MSA Limited Partnership
359016	Yakima MSA Limited Partnership
361350	Arvig Telephone Company
361362	Bridge Water Telephone Company
361413	Mid State Telephone Company KMP
361433	Mid-State Telephone Company  Mid-State Telephone Company
361507	Winsted Telephone Company
[JU1JU]	Oklahoma Communication Systems Inc. DBA TDS Teleco

SAC	Name
432010	Mid-America Telephone Inc.
452171	Arizona Telephone Company
452174	Southwestern Telephone Company
462184	Delta County Tele-Comm Inc.
462207	Strasburg Telephone Company
472230	Potlatch Telephone Company Inc
522404	Asotin Telephone Company-Washington
522427	Lewis River Telephone Company Inc.
522430	McDaniel Telephone Company
529001	Yakima MSA Limited Partnership
532404	Asotin Telephone Company-Oregon
539002	Yakima MSA Limited Partnership
542321	Happy Valley Telephone Company
542322	Hornitos Telephone Company
542323	Winterhaven Telephone Company
	Andrews

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

	ALLERANDENSANDANIA		
240536		143001525	
Study Area Code (SAC (An Eligible Telecommunicat		Service Provider Identification Number (SPIN) rtification form for each SAC through which it provides Lifeline service).	
2016	SC	Palmetto Rural Telephone Cooperative Inc.	
Recertification Year	State	ETC Name	
PRTC		Palmetto Rural Telephone Cooperative	
DBA, Marketing, or Ot (If same as ETC name, list "N	her Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)	
Does the reporting compa	any have affiliated ETCs?	Yes No O	
determined in accordance with S	Section 3(2) of the Communications .	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47	
Affiliated ETC's SAC		Affiliated ETC's Name	
See attached worksheet -	-		
formation, or other similar laws (or partnership agreen	legal document. An officer is nent), and would typically be p	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.	
Section 1: Initial Cer	tification All ETCs must complete	this section	
I certify that the company li	sted above has certification pro	ocedures in place to:	
that, to the best of my	knowledge, the company wa	ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household her enrollment in Lifeline; and/or	
	ibility by relying upon accession to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.	
I am an officer of the com above.	pany named above. I am auth	orized to make this certification for the Study Area Code listed	
Initial DJW			

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
614	0	130	41	443

### **Recertification Results:**

F	G	H = (F-G)	ĭ	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
443	178	265	0	265

К	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial DJW

### AND/OR

B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relyin		
	. (List database or name of administrator here) Results	
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.	
	Initial ———— OR	

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
443	265	59.82%

### Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Īs	the	ETC	subject	to the	non-usage	requirements?
10	tiit		Subject	to thic	mon usuge	i equii cincutes.

Yes No O

If yes, record the number of subscribers de-enrolled for non-usage by month in  $Block\ Q$  below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

## Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

- NA

	DJAA	
Signed,		
Certified Online		
Signature of Officer	Printed Name and Title of Officer	
dewaine.wilson@prtc.coop	12/09/2016	
Email Address of Officer	Date	
Valerie Ancrum	843-538-9383	
Person Completing This Certification Form	Contact Phone Number	

SAC	Name
249023	Palmetto Telephone Communications

## Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

249023		143022355
Study Area Code (SAC (An Eligible Telecommunical		Service Provider Identification Number (SPIN) fication form for each SAC through which it provides Lifeline service).
2016	SC	Palmetto Telephone Communications
Recertification Year	State	ETC Name
PTC		Palmetto Rural Telephone Cooperative
DBA, Marketing, or Ot (If same as ETC name, list "N.	her Branding Name (A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Provide a list of all ETCs that a determined in accordance with :	Section 3(2) of the Communications Ac	Yes No
Affiliated ETC's SAC	A	Affiliated ETC's Name
See attached worksheet -		
formation, or other similar	legal document. An officer is a	f a position listed in the article of incorporation, articles a person who occupies a position specified in the corporate besident, vice president for operations, vice president for finance

comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the comparable position.

### Initial Certification All ETCs must complete this section Section 1:

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial	DJW	
Initial		

1

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
134	0	17	12	105

### **Recertification Results:**

F	G	H = (F-G)	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
105	52	53	0	53

К	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial DJW

### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
,	(List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial

(	)	ł	≺

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

I	n	İ	t	Ì	a	l	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
105	53	50.48%

### Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

_	_						
Is	the	ETC	subject	to the	non-usage	requirement	is?

Yes 🔼 No 🕻	Yes		No	0
------------	-----	--	----	---

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

### Signature Block

By signing below	, I certify that the	company listed	above is i	n com	pliance wit	h all fed	eral Lifeli	ne certif	fication
procedures. I an	n an officer of the	company name	ed above.	I am a	authorized	to make	this certif	ication	for the
Study Area Code	(SAC) listed abov	e.							

	DJW		
Signed,			
Certified Online			
Signature of Officer	Printed Name and Title of Officer		
dewaine.wilson@prtc.coop	12/09/2016		
Email Address of Officer	Date		
Valerie Ancrum	<u>843-538-9383</u>		
Person Completing This Certification Form	Contact Phone Number		

SAC	Name
240536	Palmetto Rural Telephone Cooperative Inc.

## Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

240538		143001526			
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a co		Service Provider Identification Number (SPIN) rtification form for each SAC through which it provides Lifeline service).			
2016	SC	Piedmont Rural Telephone Cooperative Inc.			
Recertification Year	State	ETC Name			
N/A		N/A			
DBA, Marketing, or Ot (If same as ETC name, list "No	her Branding Name (A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)			
Does the reporting comp	any have affiliated ETCs?	Yes   No   O			
determined in accordance with S	Section 3(2) of the Communications 2	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47			
Affiliated ETC's SAC		Affiliated ETC's Name			
formation, or other similar laws (or partnership agreen	legal document. An officer is nent), and would typically be p	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.			
Section 1: Initial Cer	tification All ETCs must complete	this section			
I certify that the company l	isted above has certification pro	ocedures in place to:			
that, to the best of my	gram-based eligibility docume knowledge, the company wabased eligibility prior to his or	ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household her enrollment in Lifeline; and/or			
meente una or program	0 11	nor emorrism in Errorino, and or			
B) Confirm consumer elig		s to a state database and/or notice of eligibility from the state			
B) Confirm consumer elig Lifeline administrator p	gibility by relying upon acces rior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state			

1

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
45	0	7	6	32

### **Recertification Results:**

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
32	31	1	1	2

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block F

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial KEH

### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	(List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

OR

Initial	
---------	--

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
32	2	6.25%

### Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

T e	the	FTC	cubi	ect to	the	non-usage	rea	uireme	nte	9
15	une	LIU	Subl	ect to	uic	non-usage	1 cq	un eme	mto.	ė

Yes O No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block  $\mathcal Q$  below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Controllor

	Controller
Signed,	
Certified Online	
Signature of Officer	Printed Name and Title of Officer
karah@prtcom.com	01/17/2017
Email Address of Officer	Date
Brandi Martin	864-682-3131
Person Completing This Certification Form	Contact Phone Number

### Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

## IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240539		143001527	
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a certi		Service Provider Identification Number (SPIN) rtification form for each SAC through which it provides Lifeline service).	
2016	sc	PBT Telecom Inc.	
Recertification Year	State	ETC Name	
Comporium		Comporium	
DBA, Marketing, or Ot If same as ETC name, list "N	her Branding Name (A'' Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)	
es the reporting comp	any have affiliated ETCs?  re affiliated with the reporting ETC, Section 3(2) of the Communications	(If same as ETC name, list "NA" Do not leave blank)  Yes  No  O  using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirec	
es the reporting comp vide a list of all ETCs that a rmined in accordance with a s or controls, is owned or co	any have affiliated ETCs?  re affiliated with the reporting ETC, Section 3(2) of the Communications	(If same as ETC name, list "N/A" Do not leave blank)  Yes   No   O	

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

## Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial B

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#### Section 2: **Annual Recertification**

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	c	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
306	0	0	84	222

#### **Recertification Results:**

F	G	H = (F-G)	I	J = (H+1)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
222	178	44	1	45

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

#### Certification:

Initial

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. _ Initial _____

AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	. (List database or name of administrator here) Result
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial

	OR
C)	I certify that my company did not claim federal low income support for any Lifeline subscribers for the February
,	Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.

#### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
222	45	20.28%

## Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

#### Is the ETC subject to the non-usage requirements?

Yes O

No 👩

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

#### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online

Signature of Officer

Email Address of Officer

Ben Spearman

Person Completing This Certification Form

L.B. Spearmon Vice President

Printed Name and Title of Officer

01/19/2017

Date

803-210-5528

Contact Phone Number

SAC	Name
240531	Lancaster Telephone Company
240331	Comporium Inc.
240542	DDT T-1 Ive
240539	PBT Telecom Inc.
240521	Fort Mill Telephone Company

#### Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

## IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240541		143001528	
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a cer		Service Provider Identification Number (SPIN) sertification form for each SAC through which it provides Lifeline service).	
2016	SC	Ridgeway Telephone Company	
Recertification Year	State	ETC Name	
TruVista		Chester Telephone Company	
DBA, Marketing, or Ot (If same as ETC name, list "No	her Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)	
	any have affiliated ETCs?	Yes 👩 No 👩	
ovide a list of all ETCs that ar ermined in accordance with S	Section 3(2) of the Communications	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly vnership or control with, another person." 47 U.S.C. § 153(2). See also 47	
ovide a list of all ETCs that ar ermined in accordance with S ns or controls, is owned or co	Section 3(2) of the Communications	Act. That Section defines "affiliate" as "a person that (directly or indirectly	

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

#### Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial	DHB
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#### Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
2	0	0	0	2

#### **Recertification Results:**

F	G	H = (F-G)	I	J = (II + I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
2	1	1	0	1

К	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

#### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial DHB

#### AND/OR

- C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

OR

Initial

#### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
2	1	50.0%

#### Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

#### Is the ETC subject to the non-usage requirements?

Yes O

No 🗿

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

#### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
dbrunt@truvista.biz
Email Address of Officer
Swonda M. Dixon
Person Completing This Certification Form

David Brunt EVP & CFO

Printed Name and Title of Officer
01/13/2017
Date
803-581-9172
Contact Phone Number

SAC	Name
240516	Chester Telephone Company
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
The state of the s	

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.  Affiliated ETC's SAC  Affiliated ETC's Name  For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.  Section 1: Initial Certification All ETCs must complete this section  I certify that the company listed above has certification procedures in place to:  A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or  B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.  I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	240546	143002920
Recertification Year    NA	, ,	
N/A  DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)  Does the reporting company have affiliated ETCs?  Yes No  No  Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.  Affiliated ETC's SAC  Affiliated ETC's Name  For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.  Section 1: Initial Certification All ETCs must complete this section  I certify that the company listed above has certification procedures in place to:  A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or  B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.	2016 SC	Sandhill Telephone Cooperative Inc.
Des the reporting company have affiliated ETCs?  Yes No Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) wows or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S. C. § 153(2). See also 47 C.F. R. § 76.1200.  Affiliated ETC's SAC  Affiliated ETC's Name  For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.  Section 1: Initial Certification All ETCs must complete this section  I certify that the company listed above has certification procedures in place to:  A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or  B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.	Recertification Year State	ETC Name
Does the reporting company have affiliated ETCs?  Yes No  Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 133(2). See also 47 C.F.R. § 76.1200.  Affiliated ETC's SAC  Affiliated ETC's Name  For purposes of this filling, an officer is an occupant of a position listed in the article of incorporation, articles or formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.  Section 1: Initial Certification All ETCs must complete this section  It certify that the company listed above has certification procedures in place to:  A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or  B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.  It am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	N/A	N/A
Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.  Affiliated ETC's SAC  Affiliated ETC's Name  For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.  Section 1: Initial Certification All ETCs must complete this section  I certify that the company listed above has certification procedures in place to:  A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or  B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.  It am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.  Section 1: Initial Certification All ETCs must complete this section  Il certify that the company listed above has certification procedures in place to:  A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or  B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.  If am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	Does the reporting company have affiliated ETCs?	Yes No 💿
For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.  Section 1: Initial Certification All ETCs must complete this section  Il certify that the company listed above has certification procedures in place to:  A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or  B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.  If am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	determined in accordance with Section 3(2) of the Communication. owns or controls, is owned or controlled by, or is under common o	s Act. That Section defines "affiliate" as "a person that (directly or indirectly)
formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.  Section 1: Initial Certification All ETCs must complete this section  I certify that the company listed above has certification procedures in place to:  A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or  B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.  I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	Affiliated ETC's SAC	Affiliated ETC's Name
formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.  Section 1: Initial Certification All ETCs must complete this section  I certify that the company listed above has certification procedures in place to:  A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or  B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.  I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.		
I certify that the company listed above has certification procedures in place to:  A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or  B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.  I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	formation, or other similar legal document. An officer laws (or partnership agreement), and would typically be comptroller, treasurer, or a comparable position. If the fi	is a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, iler is a sole proprietorship, the owner must sign the certification.
income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or  B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.  I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed	Section 1: Initial Certification All ETCs must complete	e this section
that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or  B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.  I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	I certify that the company listed above has certification p	rocedures in place to:
Lifeline administrator prior to enrolling a consumer in the Lifeline program.  I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	that, to the best of my knowledge, the company w	as presented with documentation of each consumer's household
above.		ss to a state database and/or notice of eligibility from the state
Initial CLC	Efferine administrator prior to enrolling a consumer in	the Lifeline program.
	·	

#### Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
400	0	14	39	347

#### **Recertification Results:**

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
347	152

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

#### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A)	I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its
	Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all
	subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F
	through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed
	above.

Initial _____

#### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	<u>USAC</u> . (List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial CLC

1	•	ĸ
•	,	τ,

C)	I certify that my company did not claim federal low income support for any Lifeline subscribers for the February
	Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial

#### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
347	152	43.81%

### Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Te	tha	FTC	enhi	iact to	the	non-usage	rac	miram	ante?
15	me	LIC	Sub	iect to	ıne	non-usage	e rec	luirein	ents:

Yes 🔼 No 🙆

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

#### Signature Block

By signing	below,	I certif	y that	the	company	listed	above	is	in	con	nplianc	e w	ith	all fe	deral	Lifeline	certi	ficatior
procedures.	Iam	an offi	cer of	the	company	name	d abov	ve.	I	am	author	ized	to	make	e this	certific	ation	for the
Study Area	Code (	SAC) li	isted a	bove	<b>.</b>													

Signed,
Certified Online
Signature of Officer
lee.chambers@shtc.net
Email Address of Officer
Jeanne K Oliver
Person Completing This Certification Form

C Lee Chambers, CEO/General Manager

Printed Name and Title of Officer
01/14/2017

Date
843-658-6845

Contact Phone Number

#### Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

## IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240544		143001530			
Study Area Code (SAC) (An Eligible Telecommunicat		Service Provider Identification Number (SPIN) ertification form for each SAC through which it provides Lifeline service).			
2016	SC	St. Stephen Telephone Company			
Recertification Year	State	ETC Name			
St Stanhan Talanhai	ne Company	TDS Telecommunications Corporation			
		Holding Company Name			
DBA, Marketing, or Otl (If same as ETC name, list "No		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)  Yes   No			
DBA, Marketing, or Ott (If same as ETC name, list "No Does the reporting comparts of all ETCs that and determined in accordance with Sowns or controls, is owned or co	ner Branding Name A" Do not leave blank)  any have affiliated ETCs?  The affiliated with the reporting ETC, dection 3(2) of the Communications				
DBA, Marketing, or Otl (If same as ETC name, list "No  Does the reporting compa	ner Branding Name A" Do not leave blank)  any have affiliated ETCs?  The affiliated with the reporting ETC, dection 3(2) of the Communications	Yes No			

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate bylaws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

#### Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial	AKM	
101111111		

1

#### Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
53	0	2	1	50

#### **Recertification Results:**

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

К	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
50	20

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

#### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

#### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:				
,	USAC . (Li	ist database or name of administrator here) Results			
	are provided in the chart above in Blocks K through L. I am an off	icer of the company named above. I am			
	authorized to make this certification for the SAC listed above.				
	Initial AKM				

C)	I certify that my company did not claim federal low income support for any Lifeline subscribers for the Februa	ıry
	Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I a	ım
	authorized to make this certification for the SAC listed above.	
	Initial	

#### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
50	20	40.0%

### Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

¥	41	DTC		40 4h0		waaniwaman	409
1S	tne	LIC	subject	to ine	non-usage	requirement	เรเ

Yes 🔘 No 👩

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

#### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,	Amanda Moore, Assistant Treasurer
Certified Online	
Signature of Officer	Printed Name and Title of Officer
amanda.moore@tdstelecom.com	01/30/2017
Email Address of Officer	Date
Nicole Mauritz	608-664-2415
Person Completing This Certification Form	Contact Phone Number

SAC	Name
100005	Cobbosseecontee Telephone Company
100007	The Island Telephone Company
100010	Hampden Telephone Company
100011	Hartland and St. Albans Telephone Company
100024	Somerset Telephone Company
100031	Warren Telephone Company
100034	The West Penobscot Telephone and Telegraph Company
109002	Yakima MSA Limited Partnership
120045	Kearsarge Telephone Company
120047	Merrimack County Telephone Company
120049	Union Telephone Company
120050	Wilton Telephone Company
123321	Contoocook Telephone Company. Hollis Telephone Compa
129002	Yakima MSA Limited Partnership
140058	Ludlow Telephone Company
140061	Northfield Telephone Company
140062	Perkinsville Telephone Company Inc.
150089	Deposit Telephone Company Inc.
150092	Edwards Telephone Company Inc
150114	Oriskany Falls Telephone Corporation
150114	Port Byron Telephone Company
150129	Township Telephone Company Inc.
150133	Vernon Telephone Company Inc
170183	Mahanov and Mahantango Telephone Company
170183	Sugar Valley Telephone Company
190217	Amelia Telephone Corporation
190253	Virginia Telephone Company
193029	New Castle Telephone Company
209005	Yakima MSA Limited Partnership
210338	Ouincy Telephone Company (Florida)
220346	Blue Ridge Telephone Company
220351	Camden Telephone and Telegraph Company Inc.
220375	Nelson-Ball Ground Telephone Company
239006	Yakima MSA Limited Partnership
240533	McClellanville Telephone Company Inc.
240535	Norway Telephone Company Inc.
240551	Williston Telephone Company  Williston Telephone Company
250284	Butler Telephone Company Inc.
250311	Oakman Telephone Company Inc.
250314	Peoples Telephone Company Inc.
260411	Lesile County Telephone Company
260412	Lewisport Telephone Company
260417	Salem Telephone Company
	Calhoun City Telephone Company Inc.
280448 283301	Southeast Mississippi Telephone Company Inc
287449	Myrtle Telephone Company Inc
290559	Concord Telephone Exchange Inc.
290566	Humphrevs County Telephone Company Temperature Telephone Company
290575	Tennessee Telephone Company
290578	Tellico Telephone Company Inc.

SAC	Name
299010	Yakima MSA Limited Partnership
300585	Arcadia Telephone Company
300607	Continental Telephone Company
300613	Little Miami Communications Corporation
300645	Oakwood Telephone Company
300662	The Vanlue Telephone Company
310672	Communication Corporation of Michigan
310677	Island Telephone Company
310685	Chatham Telephone Company
310726	Shiawassee Telephone Company
310738	Wolverine Telephone Company
320744	Camden Telephone Company Inc.
320776	Communications Corporation of Indiana
320777	The Home Telephone Company of Pittsboro Inc.
320778	Home Telephone Company Inc. (Waldron)
320788	The Merchants and Farmers Telephone Company
320809	Communications Corporation of Southern Indiana
320816	S and W Telephone Company Inc.
320829	Tipton Telephone Company Inc
320830	Tri-County Telephone Company Inc
320837	West Point Telephone Company
330844	Badger Telecom LLC
330849	Black Earth Telephone Company LLC
330851	Bonduel Telephone Company
330856	Burlington Brighton and Wheatland Telephone Company
330859	Central State Telephone Company LLC
330875	Dickevville Telephone LLC
330880	The Farmers Telephone Company LLC
330881	Mid-Plains Telephone LLC
330909	Midway Telephone Company LLC
330914	EastCoast Telecom Inc
330915	Mosinee Telephone Company LLC
330917	Mt. Vernon Telephone Company LLC
330930	Grantland Telecom Inc.
330943	RIverside Telecom LLC
330945	The Scandinavia Telephone Company LLC
330952	Southeast Telephone Company of Wisconsin Inc
330954	Stockbridge and Sherwood Telephone Company
330955	State Long Distance Telephone Company LLC
330958	Tennev Telephone Company LLC
330963	UTELCO LLC
330968	Waunakee Telephone Company
339007	Yakima MSA Limited Partnership
359016	Yakima MSA Limited Partnership
361350	Arvig Telephone Company
361362	Bridge Water Telephone Company
361413	Mid State Telephone Company KMP
361433	Mid-State Telephone Company
361507	Winsted Telephone Company
431984	Oklahoma Communication Systems Inc. DBA TDS Teleco

SAC	Name
432010	Mid-America Telephone Inc.
452171	Arizona Telephone Company
452174	Southwestern Telephone Company
462184	Delta County Tele-Comm Inc.
462207	Strasburg Telephone Company
472230	Potlatch Telephone Company Inc
522404	Asotin Telephone Company-Washington
522427	Lewis River Telephone Company Inc.
522430	McDaniel Telephone Company
529001	Yakima MSA Limited Partnership
532404	Asotin Telephone Company-Oregon
539002	Yakima MSA Limited Partnership
542321	Happy Valley Telephone Company
542322	Hornitos Telephone Company
542323	Winterhaven Telephone Company

## Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

	Deutine, Jun	sairy 31 (Annually)	
240550		143001531	
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a cer		Service Provider Identification Number (SPIN)  retification form for each SAC through which it provides Lifeline service).	
2016	SC	West Carolina Rural Telephone Cooperative Inc	
Recertification Year	State	ETC Name	
WCTEL		N/A	
DBA, Marketing, or Otl (If same as ETC name, list "N/A	ner Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)	
Does the reporting compa	any have affiliated ETCs?	Yes  No  O	
determined in accordance with S	ection 3(2) of the Communications a	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47	
Affiliated ETC's SAC		Affiliated ETC's Name	
formation, or other similar laws (or partnership agreem	legal document. An officer is tent), and would typically be p	of a position listed in the article of incorporation, articles of s a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.	
Section 1: Initial Cert	tification All ETCs must complete t	this section	
I certify that the company lis	sted above has certification pro	ocedures in place to:	
that, to the best of my	knowledge, the company wa	ntation prior to enrolling a consumer in the Lifeline program, and is presented with documentation of each consumer's household her enrollment in Lifeline; and/or	
3) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the stat Lifeline administrator prior to enrolling a consumer in the Lifeline program.			
above.	pany named above. I am author	orized to make this certification for the Study Area Code listed	
Initial LT			

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#### Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	c	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
126	0	3	16	107

#### **Recertification Results:**

F	G	H = (F-G)	I	J = (H+i)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L	
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC	
107	28	

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

#### Certification:

Initial ____

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A)	I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F
	through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed
	above.
	Initial
	AND/OR
B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
•	USAC . (List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial LT
	OR
C)	I certify that my company did not claim federal low income support for any Lifeline subscribers for the February
,	Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

#### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) \star 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
107	28	26.17%

### Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

#### Is the ETC subject to the non-usage requirements?

Yes 🔼 No 💽

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

#### Signature Block

By signing below, I certify that the company listed above	e is in compliance with all federal Lifeline certification
procedures. I am an officer of the company named abo	ve. I am authorized to make this certification for the
Study Area Code (SAC) listed above.	
	Lance A. Tade, CFO

Signed,

Certified Online

Signature of Officer

lance.tade@wctel.com

Email Address of Officer

Kerri Hall

Person Completing This Certification Form

Printed Name and Title of Officer
01/20/2017
Date
864-446-9269

Contact Phone Number

above.

Initial _AKM

## Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

# IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

240551  Study Area Code (SAC)  (An Eligible Telecommunications Carrier (ETC) must provide a cer		143001532  Service Provider Identification Number (SPIN)  ertification form for each SAC through which it provides Lifeline service).	
Recertification Year	State	ETC Name	
Williston Telephone	Company	TDS Telecommunications Corporation	
DBA, Marketing, or Ot (If same as ETC name, list "N	her Branding Name /A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)	
Does the reporting comp	any have affiliated ETCs?	Yes No No	
determined in accordance with	Section 3(2) of the Communications .	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47	
Affiliated ETC's SAC		Affiliated ETC's Name	
See attached worksheet -	-		
formation, or other similar laws (or partnership agreer	legal document. An officer in the ment, and would typically be	of a position listed in the article of incorporation, articles of s a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.	
Section 1: Initial Cer	tification All ETCs must complete	this section	
I certify that the company l	isted above has certification pro	ocedures in place to:	
that, to the best of my	knowledge, the company wa	ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household her enrollment in Lifeline; and/or	
B) Confirm consumer elig Lifeline administrator p	gibility by relying upon acces rior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.	

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed

1

#### Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Α	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
30	0	1	1	28

#### **Recertification Results:**

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

К	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
28	10

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block F

#### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

#### AND/OR

B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
,	USAC . (List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial AKM

OR

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

#### Section 3: **De-enroll Percentage**

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
28	10	35.71%

#### Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

#### Is the ETC subject to the non-usage requirements?

Yes O No 👩

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

#### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,	Amanda Moore, Assistant Treasurer
	Heasurer
Certified Online	
Signature of Officer	Printed Name and Title of Officer
amanda.moore@tdstelecom.com	01/30/2017
Email Address of Officer	Date
Nicole Mauritz	608-664-2415
Person Completing This Certification Form	Contact Phone Number

SAC	Name
100005	Cobbosseecontee Telephone Company
100007	The Island Telephone Company
100010	Hampden Telephone Company
100011	Hartland and St. Albans Telephone Company
100024	Somerset Telephone Company
100031	Warren Telephone Company
100034	The West Penobscot Telephone and Telegraph Company
109002	Yakima MSA Limited Partnership
120045	Kearsarge Telephone Company
120047	Merrimack County Telephone Company
120049	Union Telephone Company
120050	Wilton Telephone Company
123321	Contoocook Telephone Company. Hollis Telephone Compa
129002	Yakima MSA Limited Partnership
140058	Ludlow Telephone Company
140061	Northfield Telephone Company
140062	Perkinsville Telephone Company Inc.
150089	Deposit Telephone Company Inc.
150092	Edwards Telephone Company Inc
150114	Oriskany Falls Telephone Corporation
150118	Port Byron Telephone Company
150178	Township Telephone Company Inc.
150133	Vernon Telephone Company Inc
170183	Mahanov and Mahantango Telephone Company
170206	Sugar Valley Telephone Company
190217	Amelia Telephone Corporation
190217	Virginia Telephone Company
193029	New Castle Telephone Company
209005	Yakima MSA Limited Partnership
210338	Ouincy Telephone Company (Florida)
220346	Blue Ridge Telephone Company
220351	Camden Telephone and Telegraph Company Inc.
220375	Nelson-Ball Ground Telephone Company
239006	Yakima MSA Limited Partnership
240533	McClellanville Telephone Company Inc.
240535	Norway Telephone Company Inc.
240544	St. Stephen Telephone Company
250284	Butler Telephone Company Inc.
250311	Oakman Telephone Company Inc.
250314	Peoples Telephone Company Inc.
260411	Lesile County Telephone Company
260411	Lewisport Telephone Company
260417	Salem Telephone Company
280448	Calhoun City Telephone Company Inc.
283301	Southeast Mississippi Telephone Company Inc
287449	Myrtle Telephone Company Inc
	Concord Telephone Exchange Inc.
290559	Humphrevs County Telephone Company
290566	Tennessee Telephone Company
290575	Tellico Telephone Company Inc.
290578	1 CHICO I CICHIOHE COMBANY THE.

SAC	Name
299010	Yakima MSA Limited Partnership
300585	Arcadia Telephone Company
300607	Continental Telephone Company
300613	Little Miami Communications Corporation
300645	Oakwood Telephone Company
300662	The Vanlue Telephone Company
310672	Communication Corporation of Michigan
310677	Island Telephone Company
310685	Chatham Telephone Company
310726	Shiawassee Telephone Company
310738	Wolverine Telephone Company
320744	Camden Telephone Company Inc.
320776	Communications Corporation of Indiana
320777	The Home Telephone Company of Pittsboro Inc.
320778	Home Telephone Company Inc. (Waldron)
320788	The Merchants and Farmers Telephone Company
320809	Communications Corporation of Southern Indiana
320816	S and W Telephone Company Inc.
320829	Tipton Telephone Company Inc
320830	Tri-County Telephone Company Inc
320837	West Point Telephone Company
330844	Badger Telecom LLC
330849	Black Earth Telephone Company LLC
330851	Bonduel Telephone Company
330856	Burlington Brighton and Wheatland Telephone Company
330859	Central State Telephone Company LLC
330875	Dickeyville Telephone LLC
330880	The Farmers Telephone Company LLC
330881	Mid-Plains Telephone LLC
330909	Midway Telephone Company LLC
330914	EastCoast Telecom Inc
330915	Mosinee Telephone Company LLC
330917	Mt. Vernon Telephone Company LLC
330930	Grantland Telecom Inc.
330943	RIverside Telecom LLC
330945	The Scandinavia Telephone Company LLC
330952	Southeast Telephone Company of Wisconsin Inc
330954	Stockbridge and Sherwood Telephone Company
330955	State Long Distance Telephone Company LLC
330958	Tenney Telephone Company LLC
330963	UTELCO LLC
330968	Waunakee Telephone Company
339007	Yakima MSA Limited Partnership
359016	Yakima MSA Limited Partnership
361350	Arvig Telephone Company
361362	Bridge Water Telephone Company
361413	Mid State Telephone Company KMP
361433	Mid-State Telephone Company  Mid-State Telephone Company
361507	Winsted Telephone Company
100100/	William Telephone Combany

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d-America Telephone Inc.
zona Telephone Company
uthwestern Telephone Company
ta County Tele-Comm Inc.
asburg Telephone Company
latch Telephone Company Inc
otin Telephone Company-Washington
wis River Telephone Company Inc.
Daniel Telephone Company
kima MSA Limited Partnership
otin Telephone Company-Oregon
kima MSA Limited Partnership
ppy Valley Telephone Company
rnitos Telephone Company
nterhaven Telephone Company
memayen relevations company
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